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COMPLAINT

(for filers who are prisoners without lawyers)

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF WISCONSIN

(Full name of plaintiff)

Travis Dickerson

v.

Case Number:

23-C-1443

(to be supplied by Clerk of Court)

(Full name of defendant(s))

Milwaukee County

Jane Doe "RN" Registered Nurse

A. PARTIES

1. Plaintiff is a citizen of Wisconsin, and is located at
(State)

Milwaukee County Jail 949 N. 9TH ST. Milw. WI. 53233
(Address of prison or jail)

2. Defendant Milwaukee County, Jane Doe Registered Nurse
(Name)

is (if a person or private corporation) a citizen of Wisconsin
(State, if known)

and (if a person) resides at 949 N. 9TH ST. Milwaukee WI 53233
(Address, if known)

and (if the defendant harmed you while doing the defendant's job)

worked for Milwaukee County Jail 949 N. 9TH ST. Milw WI 53233
(Employer's name and address, if known)

(If you need to list more defendants, use another piece of paper.)

B. STATEMENT OF CLAIM

On the space provided on the following pages, tell:

1. Who violated your rights;
2. What each defendant did;
3. When they did it;
4. Where it happened; and
5. Why they did it, if you know.

On Thursday October 12, 2023 between 9am-9:30am C.O. white and Jane Doe "RN" Registered Nurse distributed me the wrong medication it was (2) tablets one tablet was a white tablet the other tablet was a blue tablet. I thought the medical doctor gave me a re-fill of generic tablets because they do that from time to time so I took the medication and didn't think too much of it until the side effects start occurring hours later. Two hours later C.O. white and Jane Doe "RN" Registered Nurse came back to my cell to distribute me some more medication Jane Doe RN Registered Nurse

said that I found your medication which was the
Famotidine 20 mg and MetFormin 500 mg. C.O.
white passed out the lunch trays around 11:30AM
I eat lunch then I went to the dayroom to
pace the Floor back and Forth. As I pace the
Floor back and Forth I begin to get light
headed; my chest started tighten up; my heart
started racing; my head begin to pound; and
I started to get dizzy. I went to my cell
to get some water. As I made my way back
to the dayroom I paced the Floor then I
Fainted Face First collapsing to the ground
chipping my Front tooth. The C.O. contacted
the nurses to help me up and ~~run~~ multiple
test on me checking my blood pressure and
pulse. The nurse eventually called the
Ambulance and I was taken to the hospital. The
Medical doctor ran MRI test on me to check
For Broken or Fracture bones. I arrived back to

Milwaukee County Jail around 6pm. I was not
able to exhaust my administrative Remedies
by Filing a grievance on the Kiosk machine
because I had to go lock in after I came
from the hospital plus the dayroom was
closed. I went to the hospital on Thursday
October 12, 2023 around 12:30pm - 1pm. I
got discharged from the hospital on Thursday
October 12, 2023 around 5:50pm I made it
on my unit around 6pm then I had to lock
in my cell. Friday October 13, 2023 around 7am
in the morning Dodge correctional transfer service
arrived at the Milwaukee County Jail to transport
me to Dodge Correctional Institution so from
the time I made it back to Milwaukee County Jail
after being discharged from the hospital I
had to go lock in my cell so I couldn't
file a grievance on the Kiosk machine regarding
this incident as a form of Exhausting my administrative
Remedies

C. JURISDICTION



I am suing for a violation of federal law under 28 U.S.C. § 1331.

OR



I am suing under state law. The state citizenship of the plaintiff(s) is (are) different from the state citizenship of every defendant, and the amount of money at stake in this case (not counting interest and costs) is \$_____.

D. RELIEF WANTED

Describe what you want the Court to do if you win your lawsuit. Examples may include an award of money or an order telling defendants to do something or to stop doing something.

Milwaukee County;
I'm demanding \$150 million dollars for Jane Doe
"RN" Registered Nurse partaking in malpractice
distributing me the wrong medication causing
me to experience a allergic break out on
my entire body of hives and red bumps;
tighten of the chest; racing heart, rising
of blood pressure; head rush; dizziness;
Fainting collapsing to the ground chipping
my front tooth.

E. JURY DEMAND

I want a jury to hear my case.



- YES



- NO

I declare under penalty of perjury that the foregoing is true and correct.

Complaint signed this Fri day of October 20 2023.

Respectfully Submitted,

Travis Dickerson

Signature of Plaintiff

269 402

Plaintiff's Prisoner ID Number

Dodge Correctional Institution
#1 West Lincoln Street P.O. Box 661
Waupun, Wisconsin 53963-0661

(Mailing Address of Plaintiff)

REQUEST TO PROCEED IN DISTRICT COURT WITHOUT PREPAYING THE FULL FILING FEE



I **DO** request that I be allowed to file this complaint without paying the filing fee. I have completed a Request to Proceed in District Court without Prepaying the Full Filing Fee form and have attached it to the complaint.



I **DO NOT** request that I be allowed to file this complaint without prepaying the filing fee under 28 U.S.C. § 1915, and I have included the full filing fee with this complaint.

Travis Dickerson 7264766
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11 West Lincoln Street
P.O. Box 661
Wauupun, Wisconsin 53963-0661



Clerk of Court
Eastern District of Wisconsin
Room 362
511 E. Wisconsin Avenue
Milwaukee WI 53202



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